

**City of Farmers Branch
Police Department
Comprehensive Background Questionnaire**

Application for position of:	Date:
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General instructions: Type or print by hand an answer to every question. If the question does not apply to you, so state with N/A. If space is insufficient, use the blank pages at the end of the application and precede each answer with the number of the referenced block.
DO NOT MISSTATE OR OMIT material fact, since the statements made herein are subject to verification to determine your qualifications for employment.

1. LAST NAME	FIRST NAME	MIDDLE NAME	AGE	2. MALE	FEMALE
3. ALIAS(es), NICKNAME(s), MAIDEN NAME, OTHER CHANGES IN NAME			HOME TELEPHONE	BUSINESS TELEPHONE	SOCIAL SECURITY NO.
4. PRESENT RESIDENCE: ADDRESS / NAME OF APARTMENT COMPLEX / STREET OR RFD / CITY OR POST OFFICE / STATE					ZIP CODE
5. DATE OF BIRTH (month, day, year)		PLACE OF BIRTH (City, County, State or Country)			
6. HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	OTHER	
7. U.S. CITIZEN YES <input type="checkbox"/> NO <input type="checkbox"/>	NATIVE YES <input type="checkbox"/> NO <input type="checkbox"/>	NATURALIZED CERTIFICATE NO.	IF DERIVED, PARTENT'S CERTIFICATE NO.	DATE, PLACE, AND COURT	

8. MARRIAGE STATUS: MARRIED ☐ SINGLE ☐ ENGAGED ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED ☐

Information concerning marriages:

WHEN	WHERE	SPOUSE'S FULL MAIDEN NAME	DATE AND PLACE OF BIRTH

Name and present address of spouse(s) if divorced or separated:

Name	Address	Telephone
Name	Address	Telephone

9. If ever separated, annulled, or divorced, indicated below the following information:

SEPARATED, ANNULLED, OR DIVORCED (STATE WHICH)	DATE OF ORDER OR DECREE	BY WHOM	WHERE ISSUED (COURT & STATE)	OFFENDING PARTY AS DECREED BY LAW	REASON

10. CHILDREN AND DEPENDENTS: List all of your children, including stepchildren and adopted ones, and give the following information:

NAME	BIRTH		RESIDENCE		SUPPORTED BY WHOM
	DATE	PLACE	ADDRESS	WITH WHOM	

11. MILITARY STATUSHave you served in the U.S. Armed Forces? YES ☐ NO ☐ If yes, attach DD214.A. While in the military service, were you ever disciplined, arrested, or court-martialed? YES ☐ NO ☐

If yes, give date, place, law enforcing authority or type of discipline or court-martial, charge, and action taken for each incident.

DATE	PLACE	AGENCY	CHARGE	DISPOSITION

Last duty station and name of commanding officer:

B. Are you presently a member of U.S. Reserve or National or State Guard organization? YES ☐ NO ☐ If yes, complete the following:

Grade and service number	Branch of service
Active <input type="checkbox"/> Inactive <input type="checkbox"/> Standby <input type="checkbox"/>	Organization and station or unit and location:

C. Indicate reserve obligation, if any:

12. EDUCATION:

A. List all elementary, junior high, and high schools attended. Attach transcript from last high school attended.

NAME	LOCATION	DATES ATTENDED	YEARS COMPLETED	GRADUATED	
				YES	NO

B. Higher education: list information below for all colleges or universities attended. Attach transcript from all institutions of higher education attended.

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	DATES ATTENDED		CREDIT HOURS		DEGREE REC'D	YEAR REC'D
	FROM	TO	SEMESTER	QUARTER		

Major and minor college courses

C. Other schools or training (trade, vocational, business, or military). Give for each the name and location of school, dates attended, subjects studied, certificate, and other pertinent data.

D. Have you ever been expelled or suspended from any school? YES ☐ NO ☐

If so, explain.

13. FOREIGN LANGUAGE: Enter foreign language and indicate your knowledge of each by placing "X" in the proper column.

LANGUAGE	READING			SPEAKING			UNDERSTANDING			WRITING		
	EXC.	GOOD	FAIR	EXC.	GOOD	FAIR	EXC.	GOOD	FAIR	EXC.	GOOD	FAIR
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. VEHICLE OPERATOR'S LICENSE: Give the following information concerning any vehicle operator's license you have held or now hold:

CLASS OF LICENSE	STATE	LICENSE NUMBER	DATE OF EXPIRATION	RESTRICTIONS

Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? YES ☐ NO ☐

Explain fully:

15. EMPLOYMENT: Begin with your most recent job and list all previous employment, including part-time, temporary or seasonal employment. If needed, continue on the blank pages of the application. Please include the previous 10 years' information.

FROM DATE	Name, address, and telephone number of employer	Description of your duties
TO DATE		
JOB TITLE		
	Name of supervisor:	
SALARY	Reason for leaving:	
	If resigned with notice, how much was given? Verbal notice given <input type="checkbox"/> Was the amount of notice given in agreement with company policy? YES <input type="checkbox"/> NO <input type="checkbox"/> Written notice given <input type="checkbox"/>	
	Did you ever receive any disciplinary action on this job (counseling, memo, verbal, etc.)? YES <input type="checkbox"/> NO <input type="checkbox"/> If you answered yes, list the type of discipline, date, and explain the circumstances. Include all instances:	
	Are you eligible for rehire? YES <input type="checkbox"/> NO <input type="checkbox"/>	

15. EMPLOYMENT: continued

FROM DATE	Name, address, and telephone number of employer	Description of your duties
TO DATE		
JOB TITLE		
SALARY	Name of supervisor:	
	Reason for leaving:	
	If resigned with notice, how much was given?	Verbal notice given <input type="checkbox"/>
	Was the amount of notice given in agreement with company policy? YES <input type="checkbox"/> NO <input type="checkbox"/>	Written notice given <input type="checkbox"/>
	Did you ever receive any disciplinary action on this job (counseling, memo, verbal, etc.)? YES <input type="checkbox"/> NO <input type="checkbox"/> If you answered yes, list the type of discipline, date, and explain the circumstances. Include all instances:	
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TO DATE		
JOB TITLE		
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	Reason for leaving:	
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	Did you ever receive any disciplinary action on this job (counseling, memo, verbal, etc.)? YES <input type="checkbox"/> NO <input type="checkbox"/> If you answered yes, list the type of discipline, date, and explain the circumstances. Include all instances:	
Are you eligible for rehire? YES <input type="checkbox"/> NO <input type="checkbox"/>		

FROM DATE	Name, address, and telephone number of employer	Description of your duties
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Are you eligible for rehire? YES <input type="checkbox"/> NO <input type="checkbox"/>		

15. EMPLOYMENT: continued

Have you ever been discharged, asked to resign, furloughed, put on inactive status for cause, or subjected to disciplinary action while in any position (except military)?

YES ☐ NO ☐

If yes, state circumstances:

Have you ever resigned (quit) after being informed that your employer intended to discharge (fire) you for any reason?

YES ☐ NO ☐

If yes, explain, giving name and address of employer, approximate date, and reasons in each case:

16. APPLICATIONS WITH OTHER AGENCIES: List **all** other competitive or Civil Service examinations you have taken. Also, include all police and fire agencies with which you have made **any** application for employment. Add additional agencies on the back.

AGENCY	CITY / STATE	DATE	SCORE	STATUS	REASON FOR REJECTION, IF APPLICABLE

17. PERIODS OF UNEMPLOYMENT: Record any periods of unemployment since graduating from high school. A period of unemployment is any time you did not have a job. If you were a full-time student or homemaker and did not hold a job, or held only seasonal/temporary jobs, indicate the beginning and ending dates, if applicable. In the column headed "Reason for being unemployed", indicate that you were a student, homemaker, etc.

FROM DATE	Length of unemployment	Reason for being unemployed
TO DATE		
FROM DATE	Length of unemployment	Reason for being unemployed
TO DATE		
FROM DATE	Length of unemployment	Reason for being unemployed
TO DATE		
FROM DATE	Length of unemployment	Reason for being unemployed
TO DATE		
FROM DATE	Length of unemployment	Reason for being unemployed
TO DATE		

18. RESIDENCES: List all residences for the past ten years, beginning with your present address. (Include duty stations if in service and/or dormitories when in college.)

Month and year		Street and number	City	State or country
From	To			

19. ARREST, DETENTION, AND LITIGATION: Show all arrests including juvenile delinquent and traffic.

- A. Have you ever been arrested or detained by a law enforcement agency? YES ☐ NO ☐
- B. Have you ever been fingerprinted for any reason (arrest, job applicant, etc.)? YES ☐ NO ☐
- C. Have you or your spouse been involved in any court action, civil or criminal? YES ☐ NO ☐

If the answer to any of the above questions is YES, list below the date, place, and full details of each incident.

D. List all traffic citations, including parking and warning, and accidents in this state or elsewhere.

DATE	PLACE	AGENCY	CHARGE	DISPOSITION

20. RELATIVES (Note: even though a relative is deceased, give all information requested, and indicate last residence and year of death.)

FULL NAME	DATE OF BIRTH	TELEPHONE	ADDRESS	EMPLOYER & OCCUPATION
Father	(month, day, year)	home: bus:		
Mother	(month, day, year)	home: bus:		
Step-mother or -father	(month, day, year)	home: bus:		
Step-mother or -father	(month, day, year)	home: bus:		
Brothers	(month, day, year)	home: bus:		
	(month, day, year)	home: bus:		
	(month, day, year)	home: bus:		
Sisters	(month, day, year)	home: bus:		
	(month, day, year)	home: bus:		
	(month, day, year)	home: bus:		
Father-in-law	(month, day, year)	home: bus:		
Mother-in-law	(month, day, year)	home: bus:		
Brothers-in-law	(month, day, year)	home: bus:		
	(month, day, year)	home: bus:		
	(month, day, year)	home: bus:		
Sisters-in-law	(month, day, year)	home: bus:		
	(month, day, year)	home: bus:		
	(month, day, year)	home: bus:		

Has any member of your immediate family or your spouse's immediate family ever been arrested for other than traffic violations? YES ☐ NO ☐

NAME	RELATION	DATE	PLACE	CHARGE	DISPOSITION

21. CHARACTER REFERENCES: give five, not employers or relatives. At least three of these references must have been acquainted with you for more than five years. Both home and business address required.

NAME	HOME ADDRESS	TELEPHONE	OCCUPATION	BUSINESS NAME AND ADDRESS
1) Years known:		home: bus:		
2) Years known:		home: bus:		
3) Years known:		home: bus:		
4) Years known:		home: bus:		
5) Years known:		home: bus:		

22. OTHER

Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be called upon to take or which might require further explanation? YES ☐ NO ☐
If yes, give details:

Do you or your spouse have a relative employed by the City of Farmers Branch now? YES ☐ NO ☐

If yes, give name: relationship: City Department:

23. SIGNATURE

I represent and warrant that the answers I have made to each and all of the foregoing questions are full and true to the best of my knowledge and belief. In order that the official of the City of Farmers Branch may be fully informed as to my personal character and qualifications for employment, I refer to each of my former employers and to any other person who may have information concerning me. As this information is furnished at my express request and for my benefit, I do hereby release them from any and all liability for damage that occurs as a result of furnishing such information. I acknowledge that any false statement knowingly made in answering the above questions is good cause for removal from eligible register or discharge during or after probation.

Signature of applicant _____

Date _____